



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	Group Art Unit 3635
Robert T. Long)	
)	
Serial No. 10/033,216)	Examiner: B. Katcheves
Filed: December 26, 2001)	
For: WIDE-BODY CONNECTOR FOR)	
CONCRETE SANDWICH WALL)	

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Arlington, VA 22313-1450

AMENDMENT

Dear Sir:

In the matter of the above-identified application for United States Letters Patent and in response to the Office Action mailed June 21, 2005, kindly enter and consider the following amendments and remarks relative to reconsideration of the present application.

Amendments to the Claims start on page 2 of this paper.

Remarks start on page 6 of this paper.



PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/033,216	
	Filing Date	Dec 26, 2001	
	First Named Inventor	Robert T. Long	
	Art Unit	3635	
	Examiner Name	Basil S. Katchieves	
Total Number of Pages in This Submission	8	Attorney Docket Number	1547520/86600

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard & Check
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Davis, Brown, Koehn, Shors & Roberts, P.C.		
Signature			
Printed name	Kent A. Herink		
Date	October 21, 2005	Reg. No.	31025

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Jamie Wagner	Date	October 21, 2005

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